

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025419

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** M.D. GROUP OF SEBASTIAN, LLC

**Current Principal Place of Business:**

7901 RON BEATTY BLVD  
BAREFOOT BAY, FL 32976

**New Principal Place of Business:**

**Current Mailing Address:**

7901 RON BEATTY BLVD  
BAREFOOT BAY, FL 32976

**New Mailing Address:**

**FEI Number:** 94-3472199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLECKER, ELVA A  
7901 RON BEATTY BLVD  
BAREFOOT BAY, FL 32976 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BLECKER, EDGAR R M.D.  
**Address:** 7901 RON BEATTY BLVD  
**City-St-Zip:** BAREFOOT BAY, FL 32976

**Title:** MGRM  
**Name:** BLECKER, ELVA A  
**Address:** 7901 RON BEATTY BLVD  
**City-St-Zip:** BAREFOOT BAY, FL 32976

**Title:** MGRM  
**Name:** FERMIN, EILEEN M.D.  
**Address:** 7901 RON BEATTY BLVD  
**City-St-Zip:** BAREFOOT BAY, FL 32976

**Title:** MGRM  
**Name:** MOREL, GUILLERMO F M.D.  
**Address:** 7901 RON BEATTY BLVD  
**City-St-Zip:** BAREFOOT BAY, FL 32976

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ELVA A BLECKER

MGRM

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date